

PLANT AND INSECT SAMPLE DATA SHEET

Name: _____ **DATE:** _____

Address: _____

County: _____

Daytime Phone: _____ Email Address: _____

Check all that apply: Plant identification Insect identification Plant problem diagnosis

PLANT SAMPLE:

Location: Landscape planting Flower Garden Vegetable/Fruit
 Houseplant Other: _____

Exposure: Full sun Partial sun Shade Windy

Description of Problem: (Please include in your description: new construction/excavation, chemical applications – pesticides & fertilizers, poor drainage – water retention in the soil, burlapped or container grown plants, when problem first started, etc.)

INSECT SAMPLE:

Please check all that apply:

Insects found on:

Ornamental Plants Vegetables Turf Fruits Houseplants
 Found outdoors, not on a plant Found in the home: Location _____
 Other: _____

Description of Problem:

WE ONLY ACCEPT SAMPLES FROM MARYLAND
Attach additional information or photos if desired.